

Engolve Dental Caries Risk Assessment Form



Patient First Name: _____ Last Name: _____

ID#: _____ Age: _____ Date of Birth: _____

Assessment Date: _____

Choose One: **Baseline Assessment** **Follow-up Assessment**

Assessment through interview and clinical examination	Check All That Apply		
	High Risk	Moderate Risk	Low Risk

1. Risk Factors (Biological and Behavioral Predisposing Factors)

a.	Child sleeps with a bottle containing a liquid other than water, or nurses on demand		Yes	No Risk Factors
b.	Frequent use of beverages other than water, including sugary beverages, soda or juices		Yes	
c.	Frequent (>3 times/day) between-meal snacks of packaged or processed sugary foods, including dried fruit		Yes	
d.	Frequent or regular use of asthma inhalers or other medications which reduce salivary flow		Yes	
e.	Person has developmental disability / PSHCN (person with special health needs)		Yes	
f.	Teeth not brushed with fluoride toothpaste twice per day		Yes	
g.	Exposure to other sources of fluoride (fluoridation or fluoride tablets) is inadequate		Yes	

2. Disease Indicators/Risk Factors (Clinical Examination)

a.	Obvious white spots, decalcifications, enamel defects or obvious decay present on teeth	Yes	No Disease Indicators
b.	Restorations in the past 12 months (past caries experience)	Yes	
c.	Plaque is obvious on the teeth and/or gums bleed easily	Yes	

Overall Assessment of Risk (Check One)	High Code D0603	Moderate Code D0602	Low Code D0601
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*YES to any one indicator in the HIGH RISK COLUMN = **HIGH RISK** (Presence of disease or recent disease). YES, to one or more factors/indicators in the MODERATE RISK COLUMN in the absence of any HIGH RISK indicators = **MODERATE RISK** (Presence of a risk factor, no disease). Absence of factors in either high or moderate risk categories = **LOW RISK**.

RISK ASSESSMENT CODE THIS VISIT: D060 ____ RISK ASSESSMENT CODE LAST VISIT: D060 ____

Note: Adapted from CAMBRA Risk Assessment, CDA Journal, October 2011, vol 139, no 10, and also from the California Department of Health Care Services, Domain #2 Caries Risk Assessment Form